

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029640

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

7940

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

1 2009

2 21

3

4 2

5 1

6

7 1

8 2

9

10

11

12 82-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Marys Infirmary

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

4214 E. Maffitt Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

John

Davie

Abram

4. DATE OF DEATH

Month

Day

Year

8/2/63

5. SEX

Male

6. COLOR OR RACE

Col.

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/8/1916

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Month

Day

Hours

Min.

11

22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Appraisals

10b. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (City and state or country)

Slaughter, Miss.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Alfred Abram

13b. MOTHER'S MAIDEN NAME

Queen Harris

14. NAME OF HUSBAND OR WIFE

Grace Abram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Address

Grace Abram 4214 E. Maffitt Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

40 Hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

unknown

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1 Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 8, 1961 to Aug. 2, 1963 and last saw her alive on Aug. 2, 1963. Death occurred at 6:15 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Utley, M.D.

22b. ADDRESS

4503 Page Blvd., St. Louis, Mo.

22c. DATE SIGNED

8/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/7/63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wright's Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.

AUG 5 1963

26. REGISTRAR'S SIGNATURE

Roal Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Raymond W. Bagbee*

Licensed Embalmer No. 5226

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.